

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-014142

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **215**

FILED APR 23 1962

1. PLACE OF DEATH

a. COUNTY **BOONE**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Columbia**

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **2734 BRADMORE**

Length of stay in 1b

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **BOONE**

c. CITY OR TOWN **Columbia**

d. STREET ADDRESS (If outside, give location)
2734 BRADMORE

Inside Limits
Yes ☐ No ☐

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First **THOMAS** Middle **Joseph** Last **Pepper**

4. DATE OF DEATH
Month **April** Day **18** Year **1962**

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/20/86

9. AGE (last birthday)

75

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

WALTER PEPPER

13b. MOTHER'S MAIDEN NAME

MARGARET FARRELL

14. NAME OF HUSBAND OR WIFE

MARY PEPPER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

THOMAS

Address

Hosp. Record Columbia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

15 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atherosclerotic Heart Disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **2:00 p.m.** to **2:30 p.m.** and last saw her alive on **4-18-1962**.
Death occurred at **2:20 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert Bregant, M.D.

(Degree or title)

22b. ADDRESS

6 West Drive Columbia, Mo.

22c. DATE SIGNED

4/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

4-18-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cem.

23d. LOCATION (City, town, or county)

St. Louis

(State)

Mo

24. FUNERAL DIRECTOR

White & Muller 11871 Thessalon

ADDRESS

25. DATE RECD. BY LOCAL REG.

Apr 18 1962

26. REGISTRAR'S SIGNATURE

Mrs RE Palmer

Jerry Gibson 35, Mo. (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

0109
20109

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4 **0**

5 **2**

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7 **0**

8 **0**

94200

10

11

1290-0

133-0

APR 24 1962

MAY 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Reinhold K. Lohrmann

Licensed Embalmer No. 3395

P. O. Address St. Louis 34 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.